	PATENT A	ON RECOR	Application or Docket Number  D									
•			09/501570									
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
FO	R	NUMBE	R FILED	NUMBER E	EXTRA	RAT	Έ	FEE		RATE	FEE	
BA	SIC FEE				7.			345.00	OR		690.00	
TOTAL CLAIMS		30	minus 20	D= *		X\$ 9	9=		OR	X\$18=		
IND	EPENDENT CL	AIMS 4	minus 3	s =  * /		Х39	)=		OR	X78=	18-	
MULTIPLE DEPENDENT CLAIM PRESENT							O=		OR	+260=		
* If	the difference	TOT	AL		OR	TOTAL	168-					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA					OTHER THAN SMALL ENTITY	
AMENDMENT A	a-C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	. 15	Minus	·->	=	X\$ :	9=		OR	X\$18=		
4ME	Independent	• 4	Minus	*** 4	=	X39	)=		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	n-		OR	+260=	-	
	•						OTAL	•		TOTAL	•	
		(Column 1)		(Column 2)	(Column 3)	ADDIT.	FEE		JOR	ADDIT. FEE		
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDM	Total	*	Minus	**	=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39	)=		OR	X78=		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+13	<u></u>		1	+260=		
l			,		•	TO	OTAL		OR OR	TOTAL		
		(Onlyman 4)		(Calumn 0)	(Calumn 0)	ADDIT.	FEE		JOH	ADDIT. FEE		
NTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RA <sup>-</sup>	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**	=	X\$	9=	1	OR	X\$18=		
AMENDMENT	Independent	*	Minus	***	=	X39				X78=		
10			=:=:			7,0	,-	1	OR		1	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

+260=

TOTAL

+130=

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:		· · · · · · · · · · · · · · · · · · ·	<del></del>			
		Total Fe	e Calcula	tion			
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	Total
•	Sm./Lg.				Sm. Entiry	Lg. Entity	
Basic Filing Fee	201/101					190	. 620
Total Claims >20	203/103	20 .20		X			· .
Independent Claims >3	202/102	4 1		x		18 :	18
Mult, Dep Claim Present	204/104					=	<del></del>
Surcharge	205/105			-			130
English Translation	130					<del></del>	
TOTAL FEE CALCULA	ATION						898
Fees due upon filing the	he application.		~				
Total Filing Fees Due	= 5	89	8				
Less Filing Fees Subm.	ined - S		<del></del>				
BALANCE DUE	= \$	898					

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)